Talk of the Town
RESTAURANT GROUP

# INTERVIEW/ORIENTATION CHECKLIST

New Hire Name: _____ Restaurant Location: _____

**The Operating Partner/General Manager is responsible for conducting all new hire orientations. Please follow the guidelines and checklist:**

## STEP 1: FINAL INTERVIEW

- ☐ Setup second interview with the GM and provide the list of I9 documents to bring to the interview (Daily/Monthly)
- ☐ If the job is offered, candidate needs to fill out I9, W4 and 8850 through TalentReef
- ☐ GM e-verifies employee through TalentReef and emails confirmation to Senior Partner
- ☐ Senior Partner emails final BSO e-verification to the restaurant

***Employees are hired pending BSO verification***

## STEP 2: COMPLETE THE DAY OF EMPLOYEE'S ORIENTATION

- ☐ Complete TOTT new hire paperwork (refer to restaurant orientation website)
- ☐ Present Employee Orientation Handbook & watch welcome history video on QR Code
- ☐ Introduce new hire to the entire team
- ☐ Complete restaurant tour - where to park, where to enter restaurant, main dining room, private dining rooms, kitchen, walk-in coolers, meat cutting room
- ☐ Give appropriate training manual/training schedule
- ☐ Give new hire HotSchedules welcome letter and log-in information
- ☐ Give new hire their uniform
- ☐ Answer any questions

GM Name: _____ GM Signature: _____

## LISTS OF ACCEPTABLE DOCUMENTS
## All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish Both Identity and Employment Authorization | OR | LIST B<br>Documents that Establish Identity | AND | LIST C<br>Documents that Establish Employment Authorization |
|---|---|---|---|---|
| **1.** U.S. Passport or U.S. Passport Card | | **1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | **1.** A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| **2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | **2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | **2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| **3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | **3.** School ID card with a photograph | | **3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| **4.** Employment Authorization Document that contains a photograph (Form I-766) | | **4.** Voter's registration card | | **4.** Native American tribal document |
| **5.** For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>**a.** Foreign passport; and<br>**b.** Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | **5.** U.S. Military card or draft record | | **5.** U.S. Citizen ID Card (Form I-197) |
| | | **6.** Military dependent's ID card | | **6.** Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | **7.** U.S. Coast Guard Merchant Mariner Card | | **7.** Employment authorization document issued by the Department of Homeland Security |
| | | **8.** Native American tribal document | | |
| | | **9.** Driver's license issued by a Canadian government authority | | |
| **6.** Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | **For persons under age 18 who are unable to present a document listed above:** | | |
| | | **10.** School record or report card | | |
| | | **11.** Clinic, doctor, or hospital record | | |
| | | **12.** Day-care or nursery school record | | |

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

Talk of the Town
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# NEW HIRE PAPERWORK CHECKLIST

- ☐ Employee Data Sheet (Website)
- ☐ Copy of Driver's License
- ☐ Copy of Social Security Card
- ☐ Form W-4 (R365 Hire)
- ☐ Form I9 (R365 Hire)
- ☐ Form 8850 (R365 Hire)
- ☐ E-Verification (R365 Hire)
- ☐ BSO Verification (Emailed from your Senior Partner)
- ☐ Invitation to Self-Identify (Website)
- ☐ Electronic W-2 & 1095 Consent Form (Website)
- ☐ Authorization for Automatic Payroll Direct Deposit Form (Website)
- ☐ Voided Check or Signed Sky Card Form (Website)
- ☐ Medical History Questionnaire (Website)
- ☐ COVID-19 Restaurant Control Policy Form (Website)
- ☐ Uniform Agreement (Website)
- ☐ Notice & Acknowledgment of Tip Agreement (Website)
- ☐ Employee Acknowledgment of Probation/Cutting Glove Agreement/ Company Shoe Policy/Associate Policies & Procedures (Website)
- ☐ Bodily Fluids Clean Up Procedure (Website)
- ☐ Food Employee Reporting Agreement (Website)

# EMPLOYEE DATA SHEET (EDS)

LOCATION: _____ TODAY'S DATE: _____

| (Check One) | (Complete items indicated) | (Check One) | (Complete items indicated) |
|---|---|---|---|
| ☐ New Employee | 1-2-3-4-5-6-7-8-18-20-21 | ☐ Name change | 1-2-5-13-14-15-18 |
| ☐ Re-hire | 1-2-3-4-5-6-7-8-18-19 | ☐ Number of withholdings | 1-2-5-18 |
| ☐ Termination | 1-2-5-9-10 | ☐ Support hire | 1-2-7-16 |
| ☐ Pay rate change | 1-2-5-11-12 | ☐ Department change | 1-2-5-11-17 |
| ☐ Address change | 1-2-5-14-15 | | |

1. Employee Number _____ Export Code ☐☐ (dept) ☐☐☐ (last name) ☐ (first initial) ☐ (corp only)

2. Name _____ (last) _____ (first) _____ (middle initial)

3. Street _____ Apt # _____

4. City _____ State _____ Zip Code _____

5. Sex _____ Phone # _____

6. Date Hired _____ Position _____

7. Pay Rate _____ Hourly-Salary _____ Authorized By _____

8. Birth Date _____ Email _____

9. Reason Terminated (Be Specific) _____

_____

10. Date Terminated _____ Authorized By _____

11. New Pay Rate _____ Hourly-Salary _____ Authorized By _____

12. Effective Date of Pay Increase _____

13. New Name _____ (last) _____ (first) _____ (middle initial)

14. New Address _____

15. City _____ State _____ Zip Code _____

16. Other Change (Explain) _____

17. New Department # _____ New Position _____

18. Have employee complete W-4 (Federal Withholding Statement) and send in with completed EDS form to office. Also need a copy of Social Security Card.

19. Attach the signed Rehire Authorization Form approved from the Corporate Office.

20. Emergency Contact Name _____ Relationship _____ # _____

21. Veteran (Yes/No) _____ Military Service Separation Date _____

# INVITATION TO SELF-IDENTIFY

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

## PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

**H** ☐ Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**C** ☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**B** ☐ Black or African American: a person having origins in any of the black racial groups of Africa.

**O** ☐ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**P** ☐ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**I** ☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**2** ☐ Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Print Full Name: _____

Signature: _____ Date: _____

Talk of the Town
RESTAURANT GROUP

# ELECTRONIC W-2 & 1095 CONSENT FORM

**Please read the entire notice, sign below to provide your consent to receive your W-2's and 1095's in electronic format.**

TOTT Restaurants is required by the Internal Revenue Service (IRS) to furnish all employees with a Form W-2 Wage and Tax Statement each calendar year, along with Form 1095-ACA reporting. The Form W-2 is used to complete the employee's annual tax returns. The Form W-2 may be required to be printed and attached to your Federal, State, or local income tax return. The Form W-2 Tax Statement details the employee's wages, tax withholding, and other important payroll information. Form 1095 is filed each year with the IRS in accordance to the Affordable Care Act regulations.

## Disclosure Notices:

An employee who chooses to receive his/her Form W-2 by email can change his/her mind and withdraw consent to online delivery. Consent can be revoked for future years by emailing your request to Karyn Narcisi in HR. IRS regulations require that employees give their consent to receive the W-2 & 1095 in electronic format. This process does not need to be repeated every year.

If you choose to receive your W-2 electronically it will be sent as a PDF via email to your email address on file at the corporate office.

☐ I agree to receive my W-2 & 1095 electronically by email.

☐ I DO NOT agree to receive my W-2 & 1095 electronically.

Email: _____

Printed Name: _____

Signature: _____

Date: _____

# AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

I,_____ _____, hereby authorize and instruct
(first name) (last name)

TALK OF THE TOWN RESTAURANTS, INC. and _____ (the "Company")
(restaurant location)

to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the amounts indicated below in the Deposit Instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposit by the Company under this Authorization.

I further hereby authorize and instruct Regions Bank (the "Bank") to accept such automatic deposits to or withdrawals from my account or accounts by the Company and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for correctness of any such deposit or withdrawal.

# DEPOSIT INSTRUCTIONS

_____ Please deposit the full amount of each of my payroll payments to my CHECKING account:
(initial)

_____ _____
(routing number) (account number)

_____ Please deposit the full amount of each of my payroll payments to my SAVINGS account:
(initial)

_____ _____
(routing number) (account number)

## ATTACH VOIDED CHECK

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to the Company. My cancellation will become effective as to the Company when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account or accounts by the Company up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the credits or debits made to my account or accounts by the Bank when the Bank receives notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account or accounts by the Bank up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Bank governing accounts and preauthorized transfers to and from accounts.
By signing, I acknowledge receiving and agree to each and every term, condition, and provision of the Deposit Agreement (including, without limitation, the ARBITRATION AND WAIVER OF JURY TRIAL provisions for changing the terms thereof) and related disclosures for this account.

I hereby state that I received a completed copy of this authorization on the date I signed this authorization.

_____ _____ _____
(name) (signature) (date)

Talk of the Town
RESTAURANT GROUP

**Restaurant Location:** _____

# SKYLIGHT PAYOPTIONS PAY CARD CONSENT

**Skylight® PayOptions™ - Program (The "Program")**

With the Program, your wages will be deposited in your Skylight Account, which is maintained at the bank that is issuing/sponsoring the Program ("Bank") and which is insured by the FDIC up to the limits permitted by law. There is no application and no credit approval process, but you must meet identity verification requirements to activate and use the Program. You may be asked to provide identifying information to us, such as your date of birth, social security number and driver's license. Subject to your identity verification, the Program allows you to use either or both of the following options to access your Skylight Account:

**1. The Skylight Check.** The Skylight Check is a self-issued paycheck that can be cashed for the full amount in your Skylight Account. You'll receive a supply of Skylight Checks at no fee. The Skylight Check is completed by phone wherever you may be. The Skylight Check can be cashed at no fee at all branch locations of the bank that issues the Skylight Check (please refer to the front of the Skylight Check for the name of the bank that issues the Skylight check) and at participating locations of Netspend's check cashing partners. Other check cashers may charge you a fee to cash the Skylight Check.

**2. The Skylight ONE Card.** You can use your Skylight ONE Card to access 100% of your wages, down to the penny, without any fee, at any Visa or Mastercard member bank (look for a bank branch with the Visa or Mastercard logo, as applicable). You can also make purchases at stores or get cash through ATM withdrawals with your Skylight ONE Card. Fees may apply to these transactions; please refer to the Fee Schedule. You can check your balance at no fee via IVRU, online or text (your carrier's standard rates for text messages may apply).

**NOTE:** *If you select this option, you acknowledge that you have been provided with a copy of and an opportunity to review disclosures relating to the Program, which include, at a minimum, the Cardholder Agreement, Fee Schedule and Privacy Policy relating to the Program.*

I consent to be paid by the method indicated above. By selecting either of the first two options on this Pay Election Form and signing hereunder, I authorize the Company to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account that I have provided above or to the Skylight Account, as applicable (each an "Account"). This authorizes the financial institution holding the Account to post all such entries. By selecting the Skylight Account option, I authorize Company to transmit my identification information to Netspend, as Netspend may request to verify my identity. Further, I understand that I have the right to change the method of payment that I have elected on this form. If I do desire to change my method of payment, then I will notify the Company and execute a new Pay Election Form setting forth my new election. I understand that if I desire to change the method of payment from the Program to any other method of payment, I should obtain the full balance in my Skylight Account and then close the Skylight Account prior to requesting such change. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it, which shall be no longer than the time permitted by applicable law, if any. Finally, I understand that if I select the Program and continue to use the Program following the termination of my employment with the Company, certain terms, conditions and fees relating to the Program may change, pursuant to the terms of the Cardholder Agreement.

| _____ | _____ | _____ |
|---|---|---|
| (printed name) | (signature) | (date) |

# MEDICAL HISTORY QUESTIONNAIRE

(For Applicants Who Have Received Conditional Job Offers. The statement as found on this page must be signed by the applicant before completing the following medical questionnaire).

I herewith affirm that the employer has made me an offer of employment, conditioned on the satisfactory completion of this questionnaire and, if necessary, within the sole discretion of the employer, a medical examination. The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the essential functions of the job that has been offered, whether and what accommodations may be necessary, and whether I can perform the job without posing a direct threat to the health or safety of myself or others and for the purposes and reasons as stated on the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questions as found in the attached medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and been offered a job.

1. Have you ever had or been treated for any of the following conditions or diseases?

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Epilepsy |
| ☐ | ☐ | Diabetes |
| ☐ | ☐ | Cardiac disease (heart trouble) |
| ☐ | ☐ | Amputation of foot, leg, arm or hand |
| ☐ | ☐ | Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75% bilaterally |
| ☐ | ☐ | Residual disability from poliomyelitis (polio) |
| ☐ | ☐ | Cerebral palsy |
| ☐ | ☐ | Multiple sclerosis |
| ☐ | ☐ | Parkinson's disease |
| ☐ | ☐ | Hemophilia |
| ☐ | ☐ | Chronic osteomyelitis (bone infraction) |
| ☐ | ☐ | Hyperinsulinsm (low blood sugar) |
| ☐ | ☐ | Muscular dystrophy |
| ☐ | ☐ | Thrombophiebitis (inflammation of a vein with a blood clot formed in the vein) |
| ☐ | ☐ | Herniated intervertebral disc (slipped disc) |
| ☐ | ☐ | Surgical removal of intervertebral disc or fusion |
| ☐ | ☐ | Total deafness |
| ☐ | ☐ | Mental retardation |
| ☐ | ☐ | Meniscectomy (removal of cartilage from knee) |
| ☐ | ☐ | Patellectorny (knee cap removal or replacement) |
| ☐ | ☐ | Ruptured eructate ligament (of the knee) |
| ☐ | ☐ | Surgical or spontaneous fusion of a major weight bearing joint |
| ☐ | ☐ | One or more back injuries or diseased process of the back resulting in disability over a total of 120 or more days |
| ☐ | ☐ | Prior industrial accidents with this company or affiliated company |
| ☐ | ☐ | Any permanent physical condition which constitutes a 20 percent impairment of a member or of the body as a whole |

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Rheumatic fever |
| ☐ | ☐ | High blood pressure |
| ☐ | ☐ | Varicose veins |
| ☐ | ☐ | Leg ulcer |
| ☐ | ☐ | Chest pain |
| ☐ | ☐ | Tuberculosis |
| ☐ | ☐ | Allergies |
| ☐ | ☐ | Hay fever or asthma |
| ☐ | ☐ | Skin trouble |
| ☐ | ☐ | Reaction to serum or drug |
| ☐ | ☐ | Kidney or bladder trouble |
| ☐ | ☐ | Ulcers |
| ☐ | ☐ | Head injury |
| ☐ | ☐ | Cancer |
| ☐ | ☐ | Dizziness or fainting spells |
| ☐ | ☐ | Arthritis or rheumatism |
| ☐ | ☐ | Knee injury |
| ☐ | ☐ | Backache |
| ☐ | ☐ | Shoulder injury |
| ☐ | ☐ | Alcoholism |
| ☐ | ☐ | Drug addiction |
| ☐ | ☐ | Severe headaches |
| ☐ | ☐ | Chronic cough |
| ☐ | ☐ | Shortness of breath |
| ☐ | ☐ | Nervous breakdown |
| ☐ | ☐ | Mental illness, psychiatric treatment or professional counseling |

1. Please list any condition or diseases for which you have been treated in the past 3 years. If no treatment has been provided, state "none".

_____

_____

2. Have you ever been hospitalized? If so, for what conditon? If you have not been hospitalized, state "none".

_____

_____

3. Have you ever been treated by a psychiatrist or psychologist? If so, for what condition? If no such treatment has been received, state "none".

_____

_____

4. Have you ever been treated for any mental condition? If no such treatment has been received, state "none".

_____

_____

5. Is there any health-related reason you may not be able to perform the job for which you are applying? If yes, please explain. If no reason, state "none."

_____

_____

6. Have you had a major illness in the last 5 years? If none, state "none".

_____

_____

7. How many days were you absent from work because of illness last year? If none, state "none".

_____

_____

8. Do you have any physical defects which preclude you from performing certain kinds of work? If yes, describe such defects and specific work limitations. If none, state "none".

_____

_____

9. Do you have any disabilities or impairments which may affect your performance in the position for which you are applying? If none, state "none".

_____

_____

10. Are you taking any prescription medications? If yes, state the medication and the reason for taking it. If no medications are being taken, state "none".

_____

_____

11. Have you ever been treated for drug addiction or alcoholism? If yes, identify the medical care provider and dates of treatment. If no treatment has been provided, state "none".

_____

_____

12. Have you ever filed for Workers' Compensation insurance? If yes, please describe in detail. If no, state "none".

_____

_____

Name: _____ Signature: _____ Date: _____

Talk of the Town
RESTAURANT GROUP

# COVID-19 RESTAURANT CONTROL POLICY

As restaurants re-open for dine-in service during the COVID-19 pandemic, this policy is designed to maximize the safety of both employees and guests. In line with the CDC's recommended strategies for employers and the National Restaurant Association's COVID-19 reopening guidance, and Florida law, Talk of the Town Restaurants has adopted the following practices to minimize potential exposure to COVID-19 in the workplace. Additionally, we are prepared to take direction from governmental agencies such as state and county health departments, especially if any mandated requirements are issued locally. Talk of the Town Restaurants is committed to following all CDC guidelines. Talk of the Town Restaurants requires that all employees comply with the following procedures and protocols.

**Before Entering the Restaurant**

- **Stay Home if Sick:** Employees with signs or symptoms of respiratory illness (including cough, fever, shortness of breath, or sore throat) should notify their supervisor, stay home, and not come to work. Any employee showing signs or symptoms of a respiratory infection or disclosing the presence of a respiratory infection will not be permitted to enter the restaurant premises.

- **Stay Home if Diagnosed:** Any employee who has tested positive for COVID-19 should immediately notify their supervisor, stay home, and not come to work.

- **Don a Face Mask:** Employees must wear face coverings at all times while on restaurant premises. Cloth face masks must be cleaned at least daily in accordance with CDC guidance. Employees who do not have face masks should speak with their supervisors.

**During Your Shift**

- **Wash Your Hands:** Employees should avoid touching their eyes, nose, and mouth with unwashed hands. Employees should wash hands frequently with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer that contains 60-95% alcohol. Additionally, Employees must wash their hands:
  - o Before and after their work shifts;
  - o Before preparing food;
  - o After going to the bathroom;
  - o After blowing their nose, coughing, or sneezing;
  - o After touching high-touch surfaces (doorknobs, etc.).
  - o Before and after breaks;
  - o After touching cloth face coverings;
  - o Before eating;
  - o Whenever hands are visibly dirty; and

- **Cover Coughs and Sneezes:** All employees, sick or otherwise, are required to cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

- Employees Will be Sent Home if Sick. Employees who become sick during their shift will be sent home immediately.

**Attendance and Leave Policies**

Unless otherwise notified, our normal call-in procedures will remain in place. However, we will be flexible in administering our attendance and leave policies to encourage employees who are sick or exposed to stay at home.

**Confidentiality of Health Information**
Depending on the circumstances, if you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider to confirm your need to be absent and that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if and when medical information is sought.

Your health information will be kept in the strictest confidence. Our policy is to treat any medical information obtained from employees, such as contracting COVID-19, as a confidential medical record. Any disclosure of medical information will be limited to managers and supervisors, first aid and safety personnel, and government officials, as permitted and/or required by applicable law.

**Social Distancing**
Consistent with CDC guidance, employees that are not fully-vaccinated should practice social distancing and stay at least 3 feet away from other people whenever possible.

**Cleaning and Disinfecting**
Talk of the Town will thoroughly detail-clean and sanitize the entire restaurant (both front and back of house), especially if it has been closed. We will focus on high-contact areas that would be touched by both employees and guests, but will not overlook seldom-touched surfaces. Employees should follow the manufacturer's instructions when using sanitizing materials and should avoid all food contact surfaces when using disinfectants.

Between seatings, employees must clean and sanitize table condiments, digital ordering devices, check presenters, self-service areas, tabletops, and common touch areas. Employees must discard single-use items.

Employees should clean and sanitize reusable menus between each guest and discard paper menus after each customer use.

Employees must never touch ready-to-eat foods with bare hands. They should use single-service gloves or utensils instead.

Employees responsible for running dishwashers must check before each load that the dishwasher is operating at required wash and rinse temperatures and with appropriate detergents and sanitizers.

**Follow CDC Guidelines and Legal Requirements**
As the federal, state, and local guidelines and legal requirements are constantly changing, this policy is subject to change with or without notice. Talk of the Town will follow and enforce legal guidance as it is issued. Whenever there is a conflict between this policy and the law, the applicable law will control.

**Employee Compliance**
All employees are expected to comply with this policy and all other rules, regulations, requirements, and procedures implemented by the Company regarding workplace safety, cleanliness, and social distancing. If an employee has questions about this policy or other related procedures or requirements or if an employee believes he or she needs an accommodation those inquiries should be referred to the employee's Operating Partner.

WSACTIVELLP:11512745.1

I have read and understand completely Talk of the Town Restaurant Group's "COVID-19 Restaurant Control Policy" and agree to abide by these rules.

Name: _____ Signature: _____ Date: _____

Charley's STEAK HOUSE

# UNIFORM AGREEMENT

I have received the items below from _____ (Restaurant Location) to be worn during my scheduled hours of work. I commit to daily cleaning and maintenance of these uniforms to uphold uniform standards as prescribed in the "Talk of the Town Restaurants, Inc.'s Associate Policies and Procedures."

I understand that upon separation of employment from Talk of the Town Restaurants, Inc. I will return the complete uniform in good condition on my last day of work or I will pay the full reimbursement price.

- ☐ Men's Tuxedo Shirt ($20) Size: _____ Qty: _____
- ☐ Men's Tuxedo Pants ($32) Size: _____ Qty: _____
- ☐ Women's Tuxedo Shirt ($25) Size: _____ Qty: _____
- ☐ Women's Tuxedo Skirt ($26) or Pants ($32)
  Style (Skirt or Pants) _____ Size: _____ Qty: _____
- ☐ Chef Coat ($21) Size: _____ Qty: _____
- ☐ Captain's Tuxedo Coat ($85) Size: _____ Qty: _____
- ☐ BOH T-Shirt ($15) Size: _____ Qty: _____
- ☐ Cutting Glove ($10) Size: _____ Qty: _____
- ☐ Men's Server Vest ($38) Size: _____ Qty: _____
- ☐ Women's Server Vest ($38) Size: _____ Qty: _____
- ☐ Restaurant Polo ($19) Size: _____ Qty: _____
- ☐ Shoulder Sash w/ Pin ($9)
- ☐ Bowtie ($4)
- ☐ Name Tag ($8)
- ☐ Crumber ($2)
- ☐ Baseball Cap ($10)
- ☐ Beanie ($10)
- ☐ Cummerbund ($9)
- ☐ Apron ($7)
- ☐ Money Pouch ($9)
- ☐ Wine Key ($10)
- ☐ Torch Lighter ($7)
- ☐ Note Pad ($2)
- ☐ 3 Pens ($1)
- ☐ Black Ruler ($1)
- ☐ Training Manual ($25)

Associate Name: _____ Signature: _____ Date: _____

Manager Name: _____ Signature: _____ Date: _____

Talk of the Town
RESTAURANT GROUP

# NOTICE & ACKNOWLEDGMENT OF TIP AGREEMENT

On September 30, 2022, the Department of Labor Wage and Hour Division published final Regulations under the Fair Labor Standards Act (FLSA) requiring the Company to notify its tipped employees of its use of the "tip credit" provision of the FLSA in complying with the minimum wage and overtime requirements. The new rule is effective as September 30, 2023.

Since this is a legal requirement imposed by the government as a condition to being employed and paid as a tipped employee, all employees hired, classified and paid as a "tipped" employee will be required to provide a written confirmation that they have been given this notice.

Accordingly, this memo will serve as your notification that the Company will continue to use the tip credit provision as allowed by Section 3 (m) of the FLSA to administer your compensation as a qualifying "tipped employee." The following information constitutes the notice required for your "tipped-based" compensation:

> You will be paid cash wages at a base hourly rate of $12.00
> (but in no event, no less than $8.98 per compensable hour worked).
>
> You will be informed in writing should there be a change in the amount per hour that the Company takes as a tip credit from that taken the preceding week.
>
> You will be informed of any additional amount the Company may claim against the current or prevailing minimum wage tip credit, which amount will not exceed the value of the tips actually received by you.
>
> You will retain or be paid all tips received by you unless you are now, or later become, a participant in a valid tip pooling arrangement which is limited to employees who customarily and regularly receive tips.

Employees who fail to acknowledge this notification in writing, or who refuse to execute this notification memo below, will not be permitted to work in a tipped position until such written acknowledgment is received.

As part of my employee instruction, I, _____ _____,
(first name) (last name)

have been notified by TALK OF THE TOWN RESTAURANTS, INC. and _____
(the "Company") (restaurant location)
that I am by law to report all cash tips less tip out to my employer daily. I have also been instructed I am to keep a tip record book as per Federal IRS laws. I am also aware I am totally responsible for all cash tip reporting.

Name: _____ Signature: _____ Date: _____

Copy to: Employee File Payroll

Talk of the Town
RESTAURANT GROUP

# EMPLOYEE ACKNOWLEDGMENT OF PROBATION

I understand that I am on probation as an employee for the first ninety days of my employment which started on _____.

I acknowledge that I signed this form within seven days (7) of my employment.

# CUTTING GLOVE AGREEMENT

I, _____ _____, have been issued a
(first name) (last name)

Cutting Glove by The Management Team. I understand that I need to have it with me every day and use it every time I am cutting with a knife. The Cutting Glove is part of my uniform and I am responsible for replacing it if it is lost.

# COMPANY SHOE POLICY

Slips and falls are the second leading course of workplace injury in the United States. According to the National Safety Council (NSC), there are an additional 110,000 injuries each year to workers' feet and toes, representing 19% of all disabling work injuries. Talk of the Town Restaurant Group's greatest priority is keeping our employees safe and healthy. The most important protection against slips, falls and foot injuries is proper footwear.

Employees of Talk of the Town Restaurant Group are responsible for wearing footwear appropriate to their job responsibilities. Only approved footwear will be accepted for work duties. **Proper shoes are a mandatory part of your uniform. Shoes must be black, polishable, closed-toe and rated as slip-resistant. If your shoes do not meet these criteria, or are considered worn or unsafe, you will be asked to replace them.**

# ASSOCIATE POLICIES & PROCEDURES

This agreement is not binding, does not create a contract and gives associates no enforceable rights against Talk of the Town Restaurants, Inc. Associates are at-will and all standards, benefits, provisions and procedures can change without notice at the sole discretion of Talk of the Town Restaurants, Inc. This material is for confidential and internal company use only and is not to be disseminated to, or relied upon, by any person who is not an officer or associate of Talk of the Town Restaurants, Inc.

Name _____ Signature _____ Date _____

Talk of the Town
RESTAURANT GROUP

# BODILY FLUIDS CLEANUP PROCEDURE

Bodily fluid incidents are among the more unfortunate but common health and safety issues that restaurants encounter. **Proper readiness for clean-up is vital for our restaurants.**

## Step 1 - Wear Gloves

Wear gloves prior to touching the substances (vomit, blood, etc.) or the immediate surrounding area. Use disposable shoe covers, gowns, and bonnets when necessary.

## Step 2 - Sprinkle Fluid Solidifier

Sprinkle fluid solidifier over liquids. Then use a biohazard scoop to transfer the substance into a biohazard bag.

## Step 3 - Remove Existing Residue

Remove existing residue with a disposable towel. Then clean affected area and immediate surroundings with germicidal wipes.

*For absorbent surfaces like carpet, use a factory-approved carpet shampoo for clean-up. Use a cleaner with anti-microbial properties, and repeat cleaning process multiple times for certain disinfectant.

*For outdoor incidents, relocate customers to a different area. Hard surfaces (like tables, concrete, etc.) can be treated with the methods mentioned above, but natural surfaces like grass or gravel will require rinsing with a germicidal wash and water.

## Step 4 - Dispose

Dispose of towel, wipes, gloves and other used materials in the biohazard bag. Seal bag with a twist tie, then dispose of immediately in an outdoor trash receptacle.

## Step 5 - Wash Hands

Wash hands thoroughly as soon as possible. Hands should be washed under warm water for at least 20 seconds with vigorous attention to between the finger, backs of hands and fingernails.

Print Full Name: _____

Signature: _____ Date: _____

Talk of the Town
RESTAURANT GROUP

## Division of Hotels and Restaurants

www.MyFloridaLicense.com/dbpr/hotels-restaurants/

EMPLOYEE HEALTH

# Food Employee Reporting Agreement

Employees (and applicants offered employment) in a public food service establishment must report the illnesses/symptoms listed in the charts below when they occur along with the date that symptoms began (or date of diagnosis) to the manager or person in charge, so the person in charge can take appropriate steps to prevent the transmission of foodborne illness.

I agree to report to the Person in Charge:

| Any of the following symptoms, either at work or outside of work, including the date symptoms began | |
|---|---|
| ▪ **Vomiting**<br>▪ **Diarrhea**<br>▪ **Jaundice** | ▪ **Sore throat with fever**<br>▪ **A lesion containing pus or an infected wound** (unless properly covered) |

| If diagnosed as being ill with one of the following illnesses | |
|---|---|
| ▪ **Hepatitis A**<br>▪ **Shigella**<br>▪ **Norovirus** | ▪ **Salmonella Typhi** (typhoid fever)<br>▪ **Shiga toxin-producing E. coli**<br>▪ **Nontyphoidal Salmonella** |

| If exposed to the following illnesses within the timeframe specified. | |
|---|---|
| ▪ **Norovirus** within the past 48 hours<br>▪ **Hepatitis A** within the past 30 days<br>▪ **Shigella** within the past 3 days | ▪ **Shiga toxin-producing E. coli** within the past 3 days<br>▪ **Salmonella typhi** (typhoid fever) within the past 14 days |
| Exposure includes consumed or prepared food implicated in a confirmed foodborne outbreak, attending or working in a location where there is a confirmed foodborne outbreak, living in the same house as a person who attends or works in a location where there is a confirmed foodborne outbreak, living in the same house as a person diagnosed with one of the above mentioned illnesses or consumed food prepared by a person who is ill with one of the above mentioned illnesses | |

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

- Reporting requirements specified above involving symptoms, diagnoses and exposures;
- Work restrictions or exclusions that are imposed over me; and
- Good hygienic practices.

Food Employee Name: _____

Signature of Food Employee: _____ Date: _____